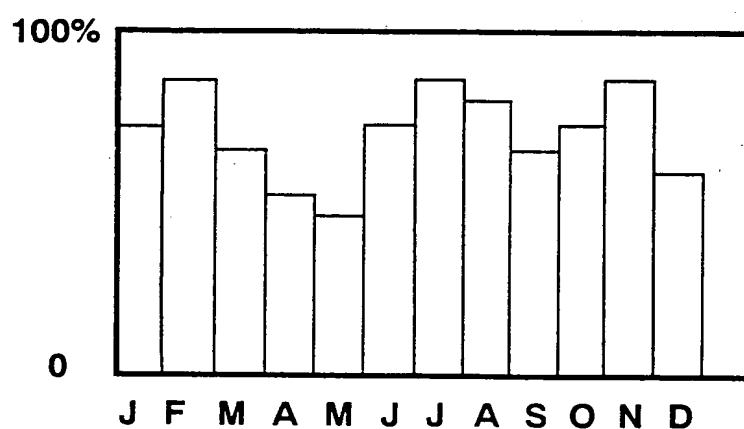


**FIG. 1**



**FIG. 2**

**FIG. 3**

## FACILITY REVENUE FORECAST

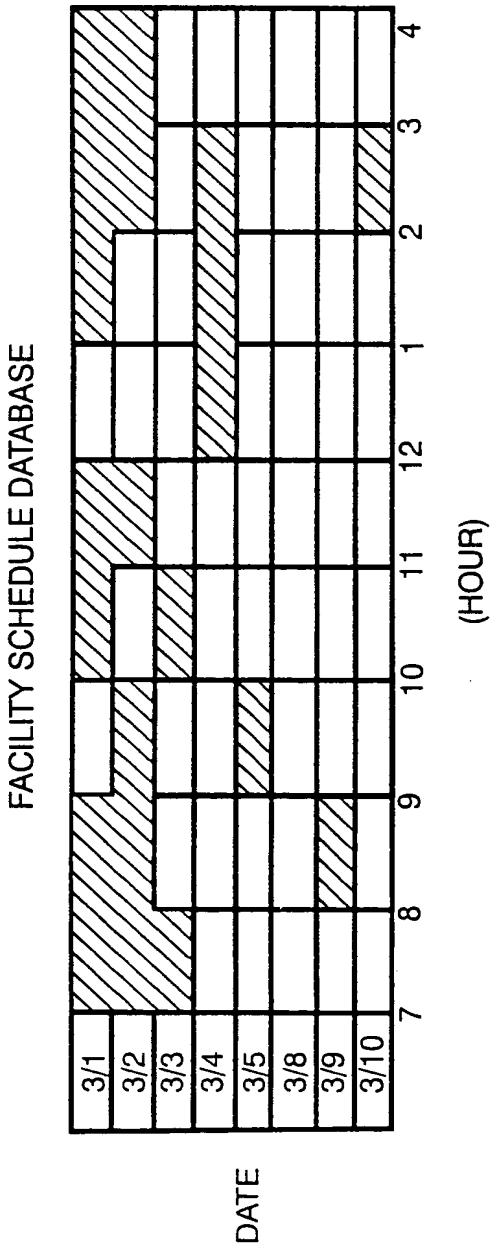
MONTH	\$/HC	\$/HR	\$/HR-\$/HC
J	280	250	-30
F	280	280	0
M	280	240	-40
A	280	210	-70
M	280	240	-40
J	280	280	0
J	280	300	20
A	280	240	-40
S	280	200	-80
O	280	240	-40
N	280	295	15
D	280	295	15

**FIG. 4**

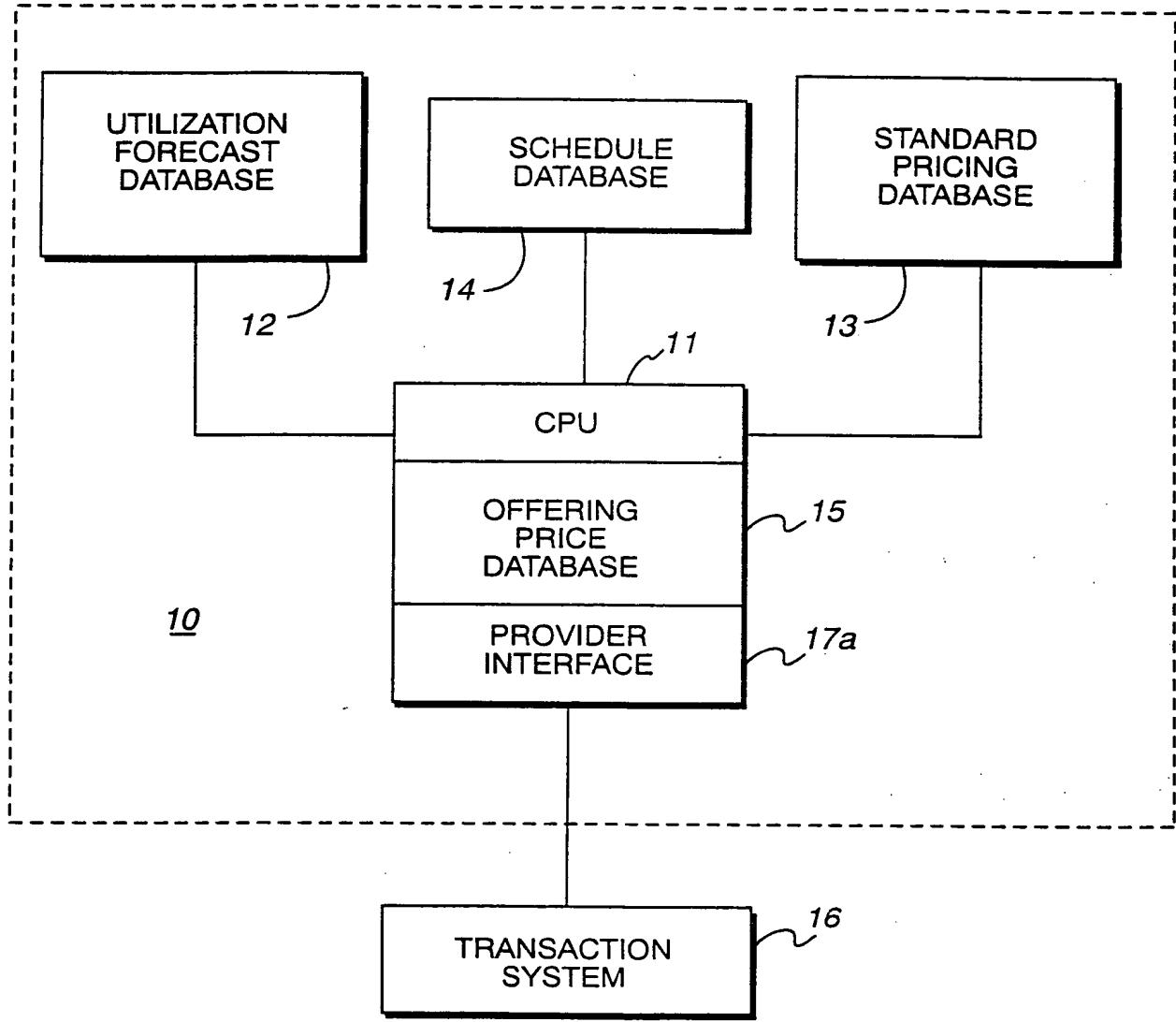
## PRICING DATABASE

PROCEDURE	STANDARD FEE	TIME (H)
LIPOSUCTION	\$5000	1.75
RHINOPLASTY	5000	1.75
BREASTS AUGMENT	8000	3.0

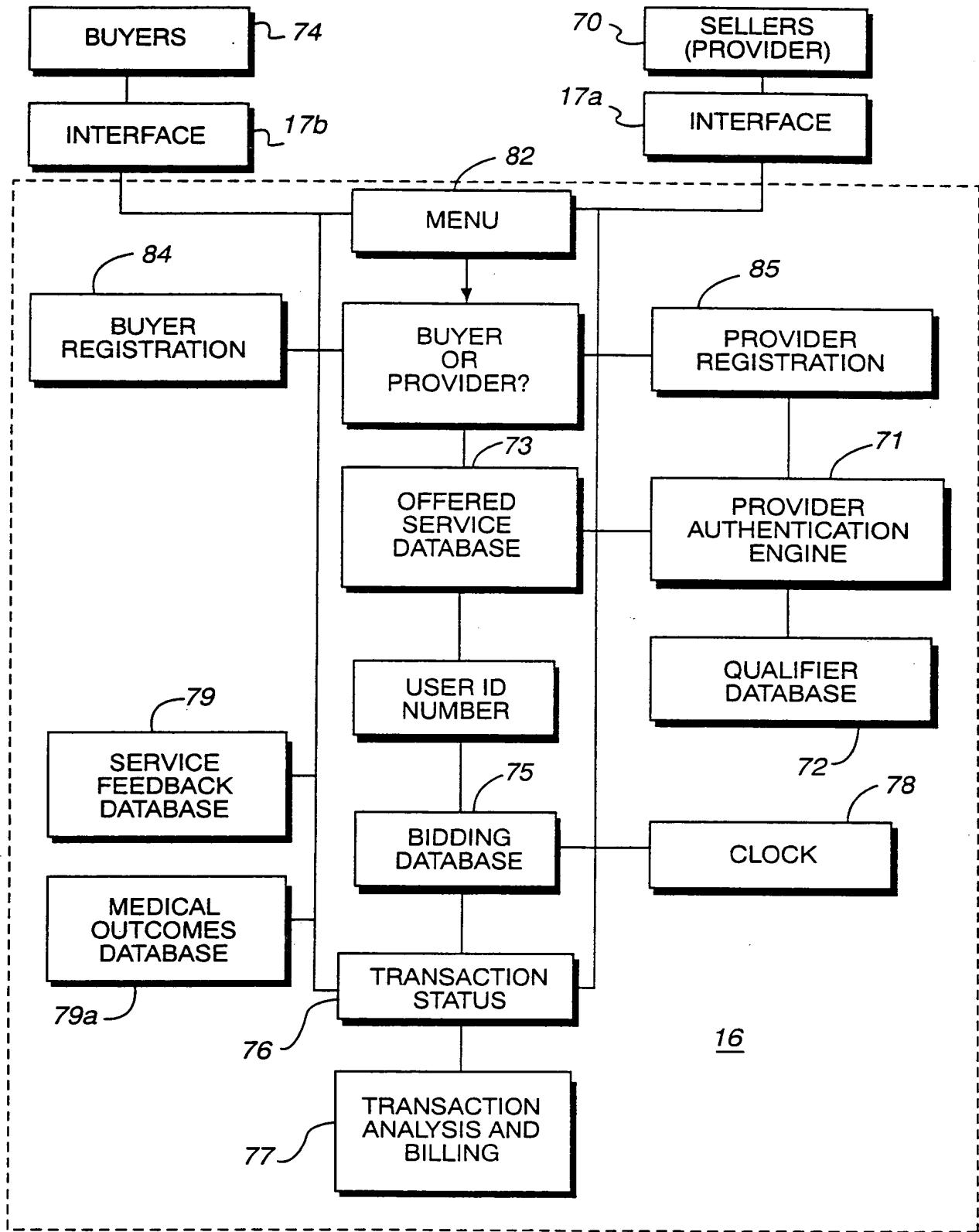
0



**FIG. 5**

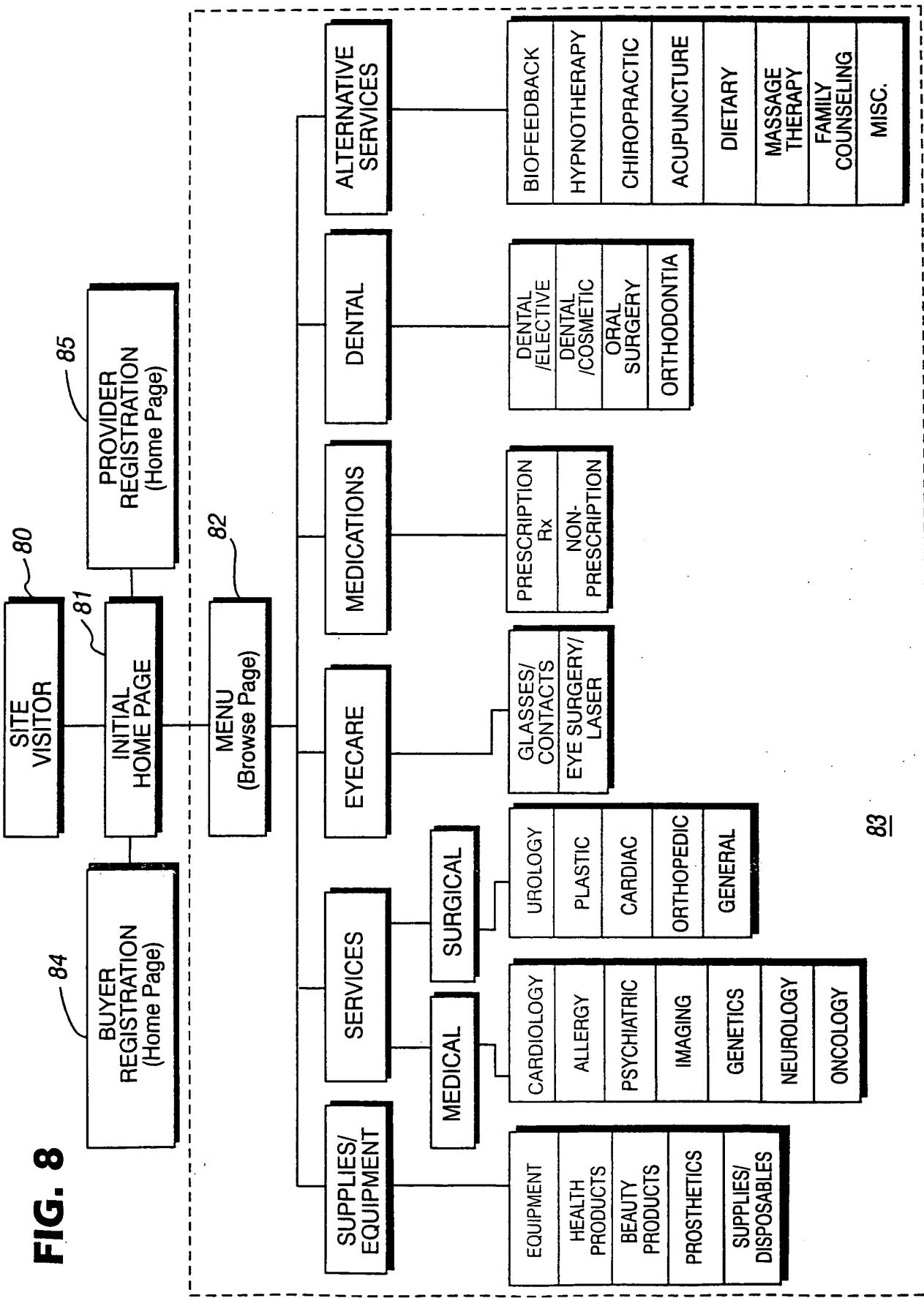


**FIG. 6**

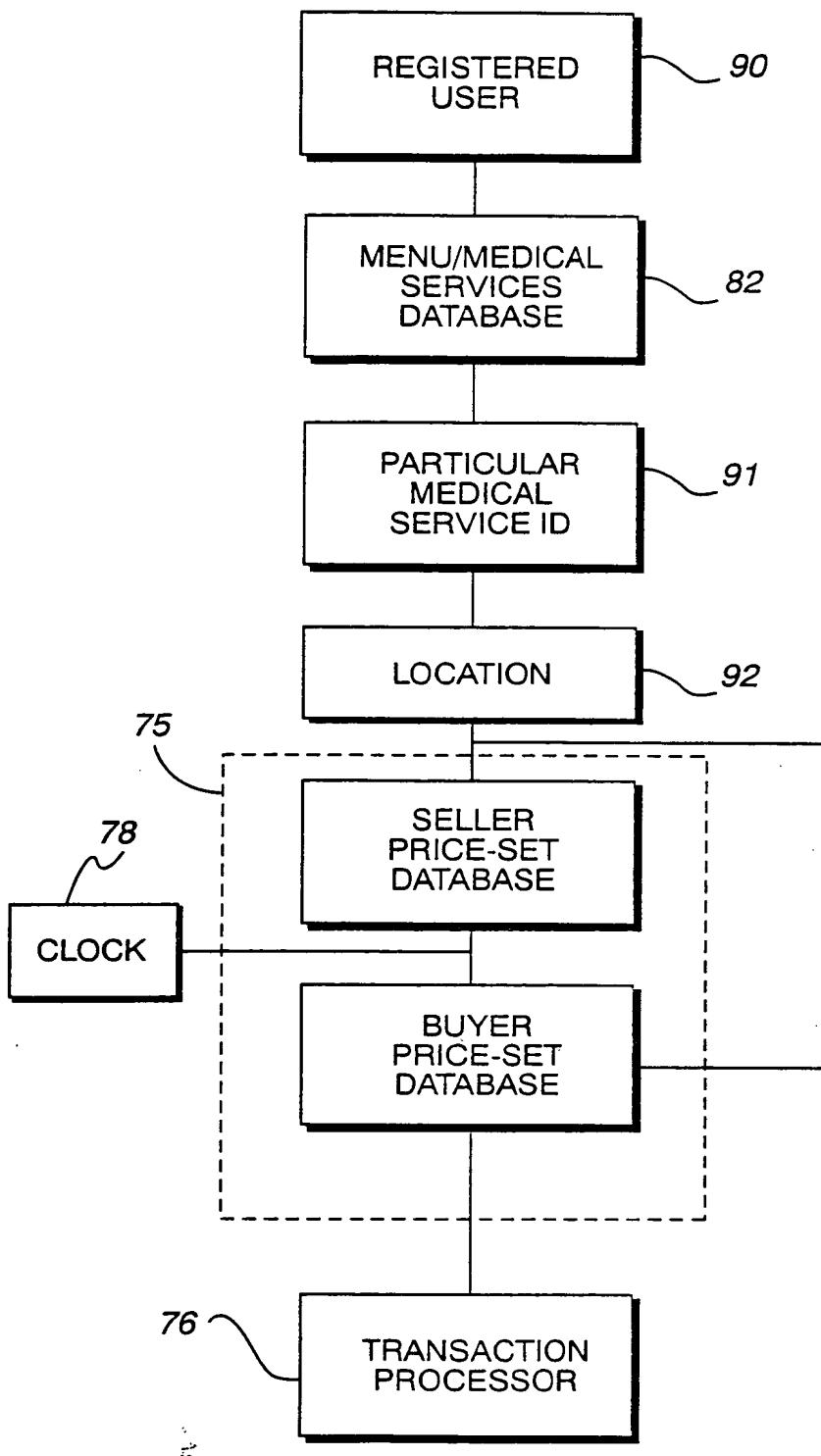


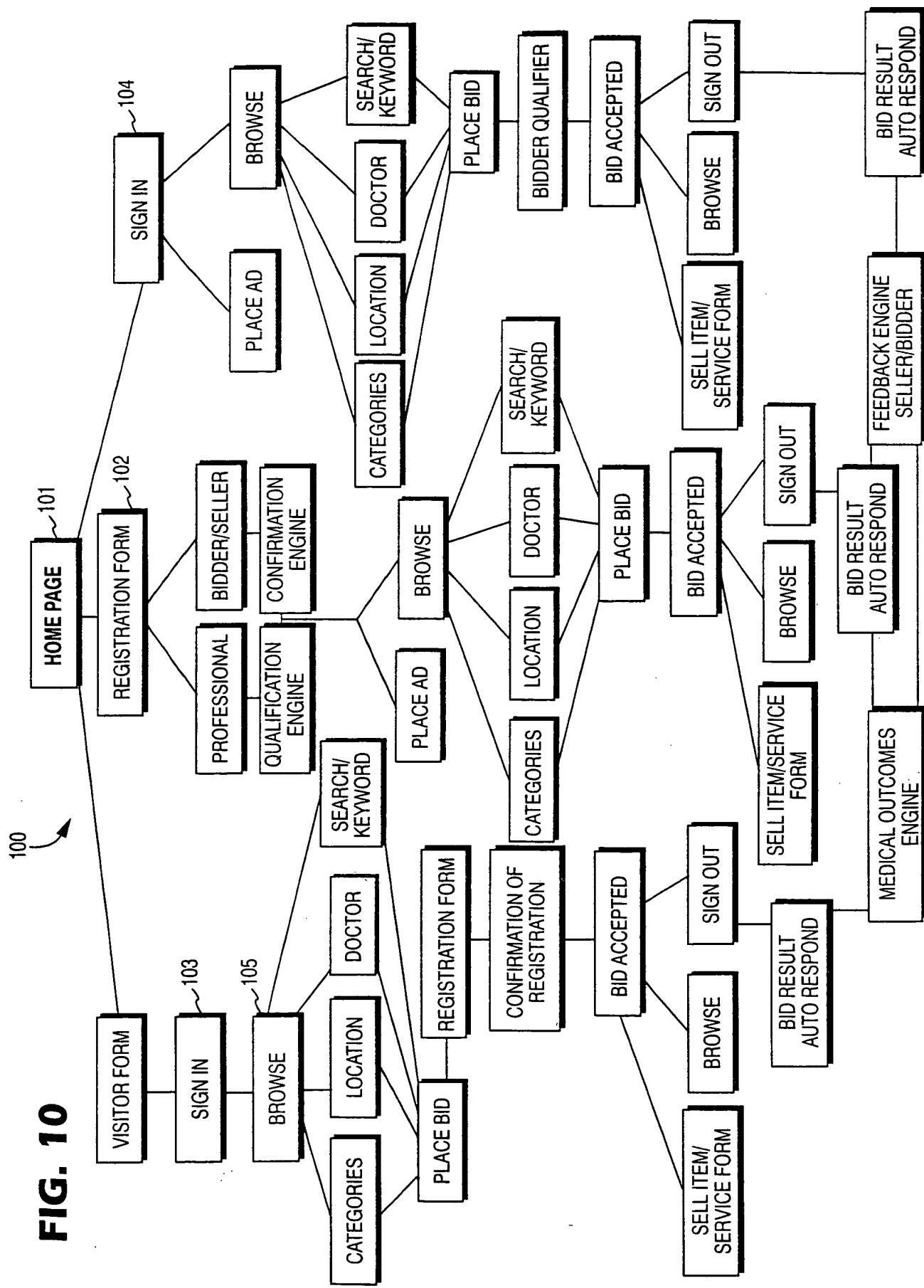
**FIG. 7**  
EXAMPLE TRANSACTION SYSTEM OVERVIEW DIAGRAM

**FIG. 8**

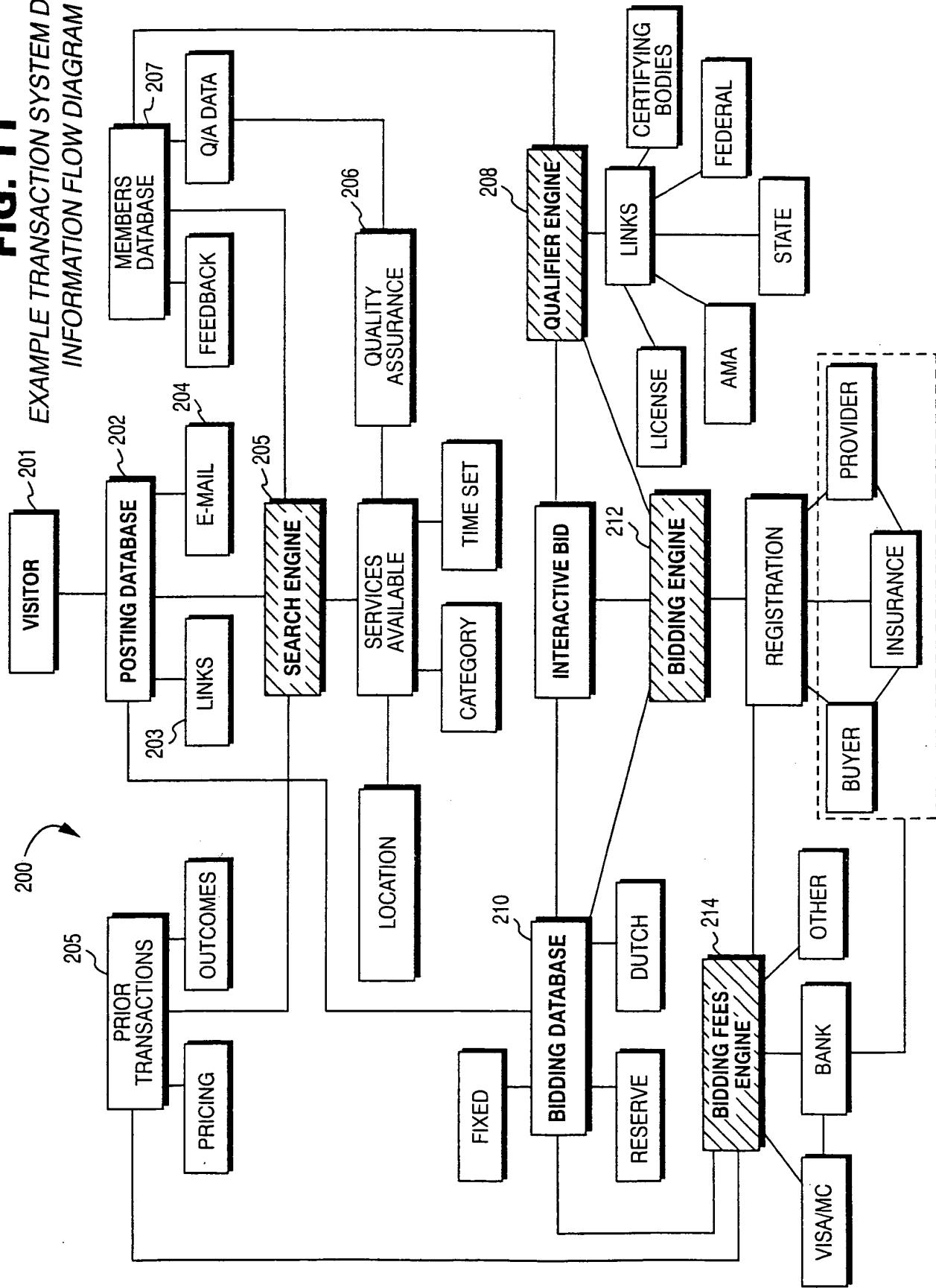


**FIG. 9**



**FIG. 10**

**FIG. 11** EXAMPLE TRANSACTION SYSTEM DATA/  
INFORMATION FLOW DIAGRAM





Welcome, to the medical resource site, giving you a choice in your medical care!

Bidding is as easy as one, two, three!

One: Choose a medical category and/or type in a keyword search.  
Two: Optional, select a state of desired service.  
Three: Optional, select a month you would like this medical service rendered.  
Finally: Hit the submit button.

Available services and provider qualifications will be listed for your bidding consideration.

**Experimental Treatments/Studies**

This is a **test** area where qualified studies in progress are listed by investigators. The study protocols, subject selection, investigator qualifications, and regulatory approvals are listed when available.

**TEST AREA**

[Eye Surgery-\\$1500](#)  
[Breasts Enlargement-\\$1100](#)  
[Teeth bleaching-\\$50](#)  
[Prescription drugs-all %50 off](#)  
[Hospital bed-\\$999](#)

**Vacation:**

[Kidney-\\$1000](#)  
[prosthetic arm-\\$500](#)  
[braces-\\$750](#)  
[Nurse-\\$400/wk](#)  
[eye-glasses-\\$75](#)

**Charity Begins Here!**

**Step #1**

**Service**

- Allergy & Immunology
- Anesthesiology
- Cardiology
- Dermatology
- Endocrinology
- Family Practice
- Gastroenterology
- Geriatrics
- Infectious Disease
- Internal Medicine
- Medical Genetics
- Nephrology
- Neurological Surgery
- Neurology
- Obstetrics & Gynecology
- Oncology (Cancer)
- Ophthalmology
- Otolaryngology
- Pathology
- Pediatrics
- Physical Medicine
- Plastic Surgery
- Preventive Medicine
- Psychiatry
- Radiology
- Surgery
- Urology

**Eye Care**

- Glasses/Contacts
- Eye Surgery/Laser

**Alternative**

- Biofeedback
- Hypnotherapy
- Chiropractic
- Acupuncture
- Dietary
- Massage therapy
- Family Counseling
- Misc.

**Supplies / Equipment**

- Equipment
- Health Products
- Beauty Products
- Prosthetics
- Supplies/Disposables

**Equipment**

- Dental/Elective
- Dental/Cosmetic
- Oral Surgery
- Orthodontia

**Prescription**

- Prescription Rx
- Non Prescription

**Step #2(optional)**

Select a **State** for Service:

--select--



**Step #3(optional)**

Select a **Month** for Service:

--select--



**Final Step:**

or you may do a search by Keyword here

[Advanced Search](#)

**FIG. 12**  
**EXAMPLE MENU PAGE**

00622742 - 4162900

<a href="#">Home</a>   <a href="#">Browse</a>   <a href="#">Search</a>   <a href="#">Sell Item</a>   <a href="#">Registration</a>   <a href="#">Help!</a>													
<b>EMedicalBid.com</b>													
<i>Welcome, to the medical resource site, giving you a choice in your medical care!</i>													
<input type="button" value="Home Your Destination"/>													
<a href="#">sign-up</a> <a href="#">Get Help!</a>													
<p>Visitor Login Here </p> <ul style="list-style-type: none"> <li>o Your Medical Market Place is Here!</li> <li>o Choose Your Doctor!</li> <li>o Choose Your Location!</li> <li>o Pick Your Time!</li> <li>o Name Your Price!</li> <li>o Need Some Help!</li> <li>o Buy Your Prescriptions!</li> <li>o Check Credentials Of the Medical Provider Here!</li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <b>Member Log-in</b> </td> <td style="width: 50%; padding: 5px;"> <b>Medical Resource Sign-in</b> </td> </tr> <tr> <td>User name: <input type="text"/></td> <td>User name: <input type="text"/></td> </tr> <tr> <td>Password: <input type="password"/> </td> <td>Password: <input type="password"/> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <a href="#">Forgot Your Password?</a> </td> </tr> <tr> <td colspan="2" style="padding: 5px;">         E-mail address          Enter e-mail address here:  <input type="text"/> </td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 5px;"> </td> </tr> </table>	<b>Member Log-in</b>	<b>Medical Resource Sign-in</b>	User name: <input type="text"/>	User name: <input type="text"/>	Password: <input type="password"/>	Password: <input type="password"/>	<a href="#">Forgot Your Password?</a>		E-mail address Enter e-mail address here: <input type="text"/>			
<b>Member Log-in</b>	<b>Medical Resource Sign-in</b>												
User name: <input type="text"/>	User name: <input type="text"/>												
Password: <input type="password"/>	Password: <input type="password"/>												
<a href="#">Forgot Your Password?</a>													
E-mail address Enter e-mail address here: <input type="text"/>													
<p><b>Charity Begins Here!</b></p> <p>We appreciate any doctor and hospital willing to donate his service to help a person in need. Services posted in this area will be given documentation and may qualify for direct tax credit reimbursement in your area. Price your services accordingly and bid accordingly.</p> <p>Let us take care of our needy patients with tax credits directly to care givers and protect the tax payer with competitive bidding.</p> <p>Enter here to post your service for the needy or if you are in need of medical help and qualify for economically disadvantaged.</p>													

**FIG. 13**  
EXAMPLE REGISTRATION/SIGN-IN PAGE

Registration/User	
<a href="#">Home</a>	<a href="#">Browse</a>
<a href="#">Search</a>	<a href="#">List Ad</a>
<a href="#">Registration</a>	<a href="#">Help!</a>
<b>EMedicalBid.com</b>	
<i>Welcome, to the medical resource site, giving you a choice in your medical care!</i>	
<b>Please fill out the following form. * Indicates a mandatory field.</b>	
<b>Contact Information</b>	
Name*	<input type="text"/>
Firm Name	<input type="text"/>
Street Address*	<input type="text"/> <input type="text"/>
City*	<input type="text"/>
State*	<input type="text"/> Please input a state or province, using an abbreviation if appropriate, ie NY etc...
Zip Code*	<input type="text"/>
Country	<input type="text"/>
Office Telephone Number	<input type="text"/>
E-mail address*	<input type="text"/>
Name of Contact Person*	<input type="text"/>
<b>Billing Information</b>	
Card Type*	<input type="text"/>
Name on Card*	<input type="text"/>
Account Number*	<input type="text"/> 0000-0000-0000-0000
Expire Date*	<input type="text"/> <input type="text"/>
<b>User Information</b>	

**FIG. 14**  
**EXAMPLE USER REGISTRATION PAGE**

Home    Browse    Search    Sell Item    Registration    Help

# EMedicalBid.com

Welcome, to the medical resource site, giving you a choice in your medical care!

## Sell Your Item/Service

Please fill out the following form. Need help to get started, start here

* New to Selling?	* Seller Tips	* Fees	* Registration
* Medical Provider Registration * Finding a Category			

### Contact Information

Your User ID:	<input type="text"/>	You can also use your email address
Your Password:	<input type="text"/> Forgot your password?	
Name	<input type="text"/>	
Firm Name	<input type="text"/>	
Street Address*	<input type="text"/> <input type="text"/>	
City*	<input type="text"/>	
State*	<input type="text"/>	Please input a state or province, using an abbreviation if appropriate, i.e. NY etc...
Zip Code*	<input type="text"/>	
Country	<input type="text"/>	
Office Telephone Number	<input type="text"/>	
E-mail address*	<input type="text"/>	
Name of Contact Person*	<input type="text"/>	

### Billing Information

Card Type*	<input type="text"/>
Name on Card*	<input type="text"/>
Account Number*	<input type="text"/> 0000-0000-0000-0000

**FIG. 15A**  
EXAMPLE SERVICE PROVIDER'S PLACE AD PAGE

Expire Date\*

### AD Information

**Title  
required\***

(45 Characters max; no HTML tags, asterisks, or quotes as they interfere with search) *see tips*.

#### Category required

You have chosen category #

Just click in the boxes below from left to right until you have found the appropriate category for your item. The chosen category number will appear in the small box to indicate that you have made a valid selection.

**Services**  
Surgical  
Urology  
Plastic/Cosmetic  
Cardiac  
Orthopedic  
Podiatrists  
General Medical  
Psychiatric

Dentist  
Cosmetic  
Laser Whitening

**Supplies/Equipment**  
Equipment  
Buy  
Rent/Lease  
Sell  
Supplies  
Medication  
OTC  
Cosmetic

**Optometrist**  
Glasses/Contacts  
Eye Surgery/laser

**Alternative**  
Acupuncture  
Chiropractor  
Massage Therapy  
Dietitians  
Infertility Treatment  
Dermatology  
Chemical Rehab  
Disability Services

**Charity**

**Description \***

You can use basic HTML tags to spruce up your listing.  
You can add one primary photo, in the following format:  
<img src=http://www.anywhere.com/mypicture.jpg> *See tips*

**Web site/URL**

### Flat Rate Services

**FIG. 15B**  
**EXAMPLE SERVICE PROVIDER'S PLACE AD PAGE**

**Make your item stand out and get more bids! Try these options**

**Boldface Title?**  \$2.00 charge

**Featured?**  \$39.00 *learn more*

**Feature in Category?**  \$12.00 charge *learn more*

### User Information

<b>Item/Service Location</b>	<input type="text"/> City, Region (e.g., Phoenix, AZ) <i>More about regional selling</i> Increase your exposure for no additional cost! when you choose a region, bidders will see your item on both the EMedicalBid and the Regional pages.		
<b>Payment Methods</b>	Money Order/Cashiers Check Check	Personal	
Choose all that you will accept	Visa/Master Card Delivery Discover	COD (Cash on American Express	Other
<b>Where will you ship?</b>	Will ship to United States only Will ship internationally (worldwide)		
<b>Who pays for shipping?</b>	Seller Pays Shipping Buyer Pays Fixed Amount Buyer Pays Actual Shipping cost		
<b>Other Expenses</b>	Airline/Hotel cost included Airline/Hotel paid by buyer Lab work cost included Lab work paid by buyer		
<b>Terms</b>	10% due, balance upon service received 20% due, balance upon service received 30% due, balance upon service received 50% due, balance upon service received 100% due after bid is accepted Other, arrangement will be made with bidder		

**Quantity**

If quantity is more than one, then you will have a *Dutch Auction Item, see tips*

**FIG. 15C**  
EXAMPLE SERVICE PROVIDER'S PLACE AD PAGE

09225142-122900

<b>Minimum bid</b>	<input type="text"/> per item (e.g., 2.00) Please do not include commas or currency symbols, such as \$.)
<b>Duration</b>	<input type="text"/> days
<b>Reserve Bid</b>	<input type="text"/> per item (e.g., 2.00) Please do not include commas or currency symbols, such as \$.) If the reserve bid price is not reached you are under no obligation to provide/sell service (learn more).
<b>Minimum bid increment</b>	<input type="text"/> (e.g., 2.00) Please do not include commas or currency symbols, such as \$.)

#### Pricing Adjustment in terms of medical condition:

##### Medical Concurrent Complexity Rating: *(Service provider submits this info)*

- [ 0 ] No Concurrent Medical Problems That Would Impact This Service Complexity
- [ 1 ] Some Concurrent Medical Problem/Condition That Impacts The Service Complexity
- [ 2 ] Concurrent medical Problems And History of Prior Treatments That Affect the Complexity Of This Service

[ 0 ] No Medical Problem: - 0% Adjustment From Bid Price

[ 1 ] Some Medical Problems that will impact service complexity:

0%  
 10%  
 20%  
 30%

[ 2 ] Has a history or prior treatment/history that will affect the complexity of this service:

0%  
 10%  
 20%  
 30%  
 50%

Please press the "review" button below to see what fees are due immediately and what may be due if your item sells. You will not incur any fees until you accept the terms disclosed in the next screen.

Press

Looks good, place my listing

Press  to clear the form and start over.

**FIG. 15D**  
EXAMPLE PLACE AD PAGE

<a href="#">Home</a>   <a href="#">Browse</a>   <a href="#">Search</a>   <a href="#">List Ad</a>   <a href="#">Registration</a>   <a href="#">Help!</a>		
<b>EMedicalBid.com</b>		
<i>Welcome, to the medical resource site, giving you a choice in your medical care!</i>		
<b>Plastic Surgery</b>		
<input type="button" value="Select a Month for Service:"/> <input type="button" value="Select a State for Service:"/>	<b>KeyWord Search:</b> <input type="text"/> <input type="button" value="Submit"/> <input type="button" value="Reset"/>	
<b>Plastic Surgery HotItems!</b>		
<i><b>Time Left Last Bid</b></i>		
Facelift, cheek or chin implants, CT, anytime, 5500.	6hrs	5525.
Neck Lift, get rid of that waddle under your neck,	12 days	1800.
<b>Plastic/Cosmetic Surgery:</b>		
Lip Enhancement	5day	900
Botox between eyebrows	22hours	325
<b>Plastic Surgery Wanted:</b>		
Nose reconstruction/May/NYC/ 2800	15days	0

**FIG. 16**  
**EXAMPLE SEARCH ITEM PAGE**

Plastic Surgery/Procedure/Location/Time

[Home](#) | [Browse](#) | [Search](#) | [List Ad](#) | [Registration](#) | [Help!](#)



Welcome, to the medical resource site, giving you a choice in your medical care!

Your User ID:

You can also use your email address

Your Password:

[Forgot your password?](#)

High Bid:

Minimum Increment:

Place Your Bid:

300

My Complexity Rating:

(Submitted by prospective patient/bidder)

The "Wattle" Neck Suspension as seen on Fox 5 News

**Plastic Surgery**

**Procedure:** Neck Lift/Suspension

**Location:** Connecticut

**Time:** Any

**Doctor:** Julian L. Henley

**Credentials:** Board Certified

The "Wattle" neck suspension operation is a recent innovation performed by Dr. Henley. The internal suspension procedure (Laser assisted) is minimally invasive and softly reshapes the saggy neck. By making three small incisions, then pulling the muscle back up with threaded sutures, the neck is wonderfully reshaped to a more pleasing and more youthful appearance. The effect is natural, long term, and the recovery is about 3 day's and discomfort is minimal. This procedure is often performed with other procedures such as liposculpture and temporal lift to further enhance the overall rejuvenating effect. At the time of the complimentary consultation the best combination of procedures will be discussed with the winning bidder.



**FIG. 17A**  
EXAMPLE BIDDING FORM PAGE

Your User ID

### ***Special Requirements:***

- 1. No medical contradiction**
- 2. Procedure is appropriate for the bidder and discussed during a complimentary preoperative consultation**
- 3. Facility fees, anesthesia fees, transportation fees are not included**
- 4. Procedure will be performed at private surgical suite  
within a university affiliated hospital or one of the Yale  
affiliated hospital in Connecticut**
- 5. Procedure can be scheduled for any month suited to meet your need.**

*Each individual is unique. The result of a good surgery creates a natural look never a made up look. Improvement will vary from patient to patient depending on skin, age, and ethnic background.*

*To achieve optimal results sometimes several procedures may be needed in combination; this will be discussed during your complimentary consultation.*

*Payment: Ten percent of bid within five days of bid closure. The remaining monies are due two weeks prior to procedure schedule date.*

**Suitability:** The seller of this service reserves the right to evaluate the bidder medically and aesthetically and if the procedure is deemed unsuitable, the monies will be fully refunded.

*For a better sense of the results from this procedure visit our web site at:  
<http://www.plasticsurgeon4u.com>*

**Indexing Words:** Plastic surgery, Cosmetic surgery, Rejuvenation, beauty, Anti-Aging, Neck lift, Face lift, Lip enhancement, Botox, Liposuction, Nasal Reconstruction, Skin Resurfacing, Cheek implants, Chin implants, Eye lift

**FIG. 17B**  
*EXAMPLE BIDDING FORM PAGE*

BidderFeedback

Home | Browse | Search | List Ad | Registration | Help!

**EMedicalBid.com**

Welcome, to the medical resource site, giving you a choice in your medical care!

**Bidder Feedback Form: (Describe Your Provider)**

Provider:

Name

License Number

Service ID Number: [This will pop up after name is typed in]

Service Category:

LIST

Transaction Ease:

- 0 - Smooth
- 1 - Some delays things got done
- 2 - Difficult office problems getting things done

Treatment Outcome:

- 0 - Smooth
- 1 - Some complications within scope of service
- 2 - Unexpected problems/ complications

Suggestions/Comments About or For Provider:

(160 Characters)

**FIG. 18**  
EXAMPLE BIDDER FEEDBACK FORM PAGE

09/27/2014 10:29:00

Provider Feedback Form: (describe your patient)

Patient ID No. \_\_\_\_\_

Patient Compliance:

## **FIG. 19**

*EXAMPLE SERVICE PROVIDER FEEDBACK FORM PAGE*